

Maricopa Health Plan Grievance and Appeals

Maricopa Health Plan (MHP) Grievance and Appeals Department manages provider and member appeals and grievances under the direction of the Grievance Manager. This page will address grievance and appeals as they relate to non-MSSP actions.

A Grievance is an expression of dissatisfaction about any matter other than an action. Possible subjects for grievances include but are not limited to the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider employee or failure to respect the enrollee's rights. Providers may not file a grievance but may want to educate their patients regarding the grievance process.

An Appeal is a request for a review of an adverse action. Providers may file an appeal or a claim dispute.

Members and Providers have sixty (60) days from the date of an adverse action, decision, or policy made by MHP to file. Members and Providers may file an appeal by contacting MHP Customer Service Department at 602-344-8760 **or** the Grievance and Appeals Unit at 602-344-8870 **or** by submitting a written grievance to:

**Maricopa Integrated Health Systems Health Plan
ATTN: Maricopa Health Plan
Grievance and Appeals Unit
2502 East University Drive
Suite B-125
Phoenix, Arizona 85034**

Providers must submit appeal in writing to the above address.

All appeals, except those challenging claim denials, must be filed no later than sixty (60) days from the date of the adverse action, decision, or policy made by MHP. Claims dispute challenging claim denials must be filed in writing no later than twelve (12) months from the date of the service for which payment is claimed.

MHP will make a final decision on appeals within thirty (30) days, unless both parties agree upon an extension in writing. . MHP may request a fourteen (14) day extension if additional time is required to resolve the appeal issue and it is in the best interest of the enrollee. If the 14th day falls on a Sunday or legal holiday, the decision will be rendered the next working day. A provider or member may appeal MHP grievance decision. The request **must** be in writing and filed no later than 30 days following receipt of the MHP decision. The written request must be sent to the above address. MHP will forward it to AHCCCS Administration for handling.

MHP will keep grievances and appeals confidential and available only to appropriate MHP and regulatory staff. All information will be kept in a secured designated area of MHP and shall be retained for five (5) years following the final decision, judicial appeal, or close of a grievance.